TIN: 48-0891418

OMB No. 1545-0047

Form **990** 

Department of the Treasury Internal Revenue Service

## **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

► Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.

**Open to Public** Inspection

A Fo	or the 2019 c	alendar year, or tax year beginning 01-01-2018 , and ending 12-3	1-2018	<b>,</b>						
	k if applicable:	C Name of organization Bill of Rights Institute		D Employer	identific	ation number				
Add	118									
$\cup$	ne change ial return	Doing business as								
	l return/terminated									
Am	ended return	Number and street (or P.O. box if mail is not delivered to street address) Room/su	ite	E Telephone	number	number				
App	olication pending	1310 N Courthouse Rd No 620		(703) 894	4-1776					
		City or town, state or province, country, and ZIP or foreign postal code								
		Arlington, VA 22201		<b>G</b> Gross rece	eipts \$ 4,7	47,366				
		<b>F</b> Name and address of principal officer: David J Bobb	H(a) Is this	a group retu	ırn for					
		1310 N Courthouse Rd No 620		dinates?	_	🗆 Yes 🛂 No				
		Arlington, VA 22201	H(b) Are all includ	l subordinate: ed?	S	☐ Yes ☐No				
	-exempt status:	301(c)(3) 301(c) ( ) 4 (insert iid.) 4547(a)(1) 0i 327	If "No	attach a lis, exemption n						
l We	ebsite: • ww	w.billofrightsinstitute.org	(°) Group	exemption in	iuiiibei •					
<b>∢</b> Form	of organization	: ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶	L Year of forma	tion: 1979	M State o	f legal domicile: KS				
Pa	rt   Sum	mary	•	I.						
		scribe the organization's mission or most significant activities:				_				
e Ce	To engage	e, educate, & empower individuals with a passion for freedom & opportunity	/							
<u> </u>										
Je L										
QE QE	2 Check th	3	5							
Acuvides & Governance		of voting members of the governing body (Part VI, line 1a)			4					
SS CO		umber of independent voting members of the governing body (Part VI, line 1b)								
Ř										
CI		mber of volunteers (estimate if necessary)		•	6	0				
4		related business revenue from Part VIII, column (C), line 12			7a	0				
	<b>b</b> Net unre	lated business taxable income from Form 990-T, line 34	· · ·	•	7b	8,880				
			Pri	or Year		Current Year				
3		tions and grants (Part VIII, line 1h)		4,474,00	_	4,744,994				
enueve		service revenue (Part VIII, line 2g)		79,18		0				
æ		ent income (Part VIII, column (A), lines 3, 4, and 7d )		-4,06		2,372				
		venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		4,56		0				
		enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,553,68	39	4,747,366				
		nd similar amounts paid (Part IX, column (A), lines 1-3)		86,17	73	114,541				
		paid to or for members (Part IX, column (A), line 4)			0	0				
88	-	other compensation, employee benefits (Part IX, column (A), lines 5–10)		1,704,24	18	1,804,691				
Expenses	<b>16a</b> Profession	onal fundraising fees (Part IX, column (A), line 11e)		85,19	97	175,686				
χb	<b>b</b> Total fund	raising expenses (Part IX, column (D), line 25) 443,206								
ш	17 Other ex	penses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,125,02	26	2,845,584				
	<b>18</b> Total exp	penses. Add lines 13–17 (must equal Part IX, column (A), line 25)		4,000,64	14	4,940,502				
	<b>19</b> Revenue	less expenses. Subtract line 18 from line 12		553,04	15	-193,136				
Net Assets or Fund Balances			Beginning	of Current Yea	ar	End of Year				
afal	20 Total ass	ets (Part X, line 16)		3,154,33	39	2,847,132				
d B		pilities (Part X, line 26)		757,81		643,739				
E S		ts or fund balances. Subtract line 21 from line 20		2,396,52	_	2,203,393				
side	LE INCL 0556	is or rung parances. Superact line 21 Horri line 20		2,330,32	- 9	۷,۷۷۵,۵۶۵				

	art II	Signature Block											
			e examined this return, including acomplete. Declaration of preparer (oth										
	nowled			.c. than officery is bas	ca on an inioni								
					2019-06-25								
Sign		Signature of officer			Date								
Here	е	David J Bobb President											
		Type or print name and title											
Paid	d	Print/Type preparer's name	Preparer's signature	Date 2019-06-25	Check if self-employed	PTIN P00639819							
	parer	Firm's name  Rogers & Com	pany PLLC		Firm's EIN ► 58	3-2676261							
Use	Only	Firm's address > 8300 Boone Bo	oulevard Suite 600		Phone no. (703)	893-0300							
		Vienna, VA 22	2187										
May	the IDC					. 🗸 Yes 🗌 No							
		ork Reduction Act Notice, see t	rer shown above? (see instructions)										
ror F	aperw	ork Reduction Act Notice, see t	ne separate instructions.	Cat. N	lo. 11282Y	Form <b>990</b> (2018)							
			Dage 2										
			——————————————————————————————————————										
Form	990 (2	018)				Page <b>2</b>							
Pa	rt III	Statement of Program Ser	vice Accomplishments										
		Check if Schedule O contains a re	sponse or note to any line in this Pa	ırt III									
1	Briefly	describe the organization's mission	n:										
The I	nstitute	e envisions a society in which all in	dividuals enjoy life, liberty, and the p	oursuit of happiness. S	See Schedule O	for full mission.							
2		e organization undertake any signi ior Form 990 or 990-EZ?	ficant program services during the y	rear which were not lis	sted on	☐ Yes 🧸 No							
	•	s," describe these new services on	Schedule O										
3		,	r make significant changes in how it	conducts, any progra	m								
		es?				. 🗌 Yes 🛂 No							
	If "Yes	s," describe these changes on Sche	edule O.										
4	Sectio		vice accomplishments for each of its ations are required to report the am program service reported.										
4a	(Code	e: ) (Expenses \$	1,716,928 including grants	of \$ 6,57	75 ) (Revenue \$	)							
-	Conte	ent Development, Maintenance and Distr	ribution: Designed to supplement standard	U.S. history and civics te	extbooks, the Bill								
	sever	n-lesson curriculum that looks at the his	<ul> <li>December 2018:The Bill of Rights Institutory of the movement for women's suffragethrough constitutional means. (Continued)</li> </ul>	e. The curriculum asks stu									
			and the second s										
4b	(Code	e: ) (Expenses \$	1,004,693 including grants	of \$ 83,30	06 ) (Revenue \$	)							
			ach:The Bill of Rights Institute continues it										
			scher-focused conferences, the Institute mated 30 on-site educational programs for te										
		•	, 5			<u> </u>							
4c	(Code	e: ) (Expenses \$	399,955 including grants	of \$ 24,66	60 ) (Revenue \$	)							
	Stude prom	ents Scholarship Contest: Approximately	n more than 72,000 students on a monthly 30,000 students took part in our scholars citizen in your community in 21st century Continued in Schedule 0)	hip program, We the Stud	dents. Students w	ere asked to write on the following							
4d	Othe	er program services (Describe in So	chedule O.)										
		penses \$	including grants of \$	) (Revenue	<b>\$</b>	)							
4e	Tota	al program service expenses	3,121,576			<u> </u>							
		·				Form <b>990</b> (2018)							
			——————————————————————————————————————										

**Checklist of Required Schedules** 

Form 990 (2018)

		Ī	163	110
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 2	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		No
4	Section 501(c)(3) organizations.  Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?  If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts?  If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets?  If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> 2	11b		No
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 1980	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	

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Pai	Checklist of Required Schedules (continued)			
			Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J </i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
·	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.  Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?  If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III </i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M </i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line $2 \cdot \cdot \cdot$ .	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
Pa	Statements Regarding Other IRS Filings and Tax Compliance			0
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . . | 1a |

<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
		F	orm <b>99</b>	<b>0</b> (2018)
	Page 5			
Form	990 (2018)			Page <b>5</b>
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and			
	Tax Statements, filed for the calendar year ending with or within the year covered by this return			
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
D	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		103	
За	Did the organization have unrelated business gross income of $$1,000$ or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country:  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
_	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	30		
	If res, to line sa or sb, and the organization me rorm cooc is a first in the first in the same same same same same same same sam	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			
		7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds.  Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12   10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?			

				ī					
	Note. See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans								
c	Enter the amount of reserves on hand								
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N	15		No					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		No					
	If "Yes," complete Form 4720, Schedule O		orm <b>99</b>	<b>0</b> (2018)					
				,					
	Page 6 ———————————————————————————————————								
Form	990 (2018)			Page <b>6</b>					
Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.	o" respo	onse to						
	8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI			✓					
Se	ection A. Governing Body and Management			1					
_			Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year  1a								
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.								
b	Enter the number of voting members included in line 1a, above, who are independent  1b  5								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?								
3	3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .								
4									
5									
6									
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:								
а	The governing body?	8a	Yes						
b	Each committee with authority to act on behalf of the governing body?	8b	Yes						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No					
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	e.)						
			Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?	10a		No					
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes						
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes						
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	12c	Yes						
13	Did the organization have a written whistleblower policy?	13	Yes						
14	Did the organization have a written document retention and destruction policy?	14	Yes						
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official	15a	Yes						

										_	_	_	_
b	Other officers or key employees of the org	anization .									15b	Yes	
	If "Yes" to line 15a or 15b, describe the pr	ocess in Sched	ule O (s	see in	stru	ictio	ns).						
16a	Did the organization invest in, contribute a taxable entity during the year?	ssets to, or pa	rticipate •	e in a	join •	nt ve	nture •	or s	imilar arrangement	with a	16a		No
b	If "Yes," did the organization follow a writt in joint venture arrangements under applic status with respect to such arrangements?	cable federal ta	x law, a	and ta	ake s	step	s to sa				16b		
Se	ction C. Disclosure										100		
17	List the States with which a copy of this Fo	orm 990 is requ	ired to	be fil	ed▶								
	.,	·					, MI ,	MN	AR , CA , CT , FL , ( , MS , NH , NJ , NM . TN , UT , VA , WA	, NY, NC, N			
18	Section 6104 requires an organization to ronly) available for public inspection. Indica	ite how you ma	de thes	se ava	ailab	ole.	plicab Check	le), all t	990, and 990-T (50 hat apply.				
	Own website Another's website	✓ Upon requ				•	•		•				
19 20	Describe in Schedule O whether (and if so policy, and financial statements available to State the name, address, and telephone n	to the public du umber of the po	ring the erson w	e tax nho po	yeaı osse	r. esses	s the o	rgai	nization's books and				
	►The Organization 1310 N Courthouse Ro	l No 620 Arli	ngton, \	/A 22	2201	(70	3) 894	1-17	76			Form 99	<b>0</b> (2018)
												101111 33	<b>0</b> (2010)
				Page	e 7								
_													
	990 (2018)												Page <b>7</b>
Par	Compensation of Officers, D and Independent Contracto		stees	, Ke	y Ei	mpl	oyee	s, I	Highest Comper	isated Emp	loye	es,	
	Check if Schedule O contains a resp		any li	ne in	this	Par	t VII .						
Se	ction A. Officers, Directors, Truste	es, Key Emp	loyee	s, a	nd I	Hig	hest	Coi	npensated Emp	loyees	-		
<b>1a</b> Co	omplete this table for all persons required to	be listed. Rep	ort com	pens	atio	n fo	r the c	aler	ndar year ending wi	th or within th	e org	anization	's tax
year.	List all of the organization's <b>current</b> officers	s directors tru	ctooc ()	whatk	har i	ndiv	iduale	or	organizations) rega	ordless of amo	unt		
	mpensation. Enter -0- in columns (D), (E), a							01 (	organizations), rege	iraicss or arrio	unc		
	ist all of the organization's <b>current</b> key em												
who r	ist the organization's five <b>current</b> highest or received reportable compensation (Box 5 of hization and any related organizations.												
	ist all of the organization's <b>former</b> officers,						sated	emį	ployees who receive	ed more than	\$100,	,000	
• L	portable compensation from the organization is all of the organization's <b>former directo</b> sization, more than \$10,000 of reportable or	rs or trustees	that re	ceive	d, ir	n the					the		
List p	ersons in the following order: individual tru ensated employees; and former such perso	stees or directo		_				•					
	theck this box if neither the organization no	r any related oi	ganizat	tion c	omp	ens	ated a	ny d	current officer, direc	ctor, or trustee	e.		
	<b>(A)</b> Name and Title	(B) Average hours per week (list any hours for	pers	an on son is	e bot	t ch οx, ι h ar	eck mo inless i office rustee)	er	(D) Reportable compensation from the organization	(E) Reportable compensation from relate organization	on ed ns	Estim amount comper from	ated of other esation the
		related organizations	악	=	₽	즇	목동	Fo	(W- 2/1099- MISC)	(W- 2/1099 MISC)	}-	organiza rela	
		below dotted	Individual to or director	Institutional Truste	Officer	Key employee	Highest compensat employee	Former	,			organiz	
		line)	octo	utio	~	mpl	st o	24					
			trustee r	100		оув	9						
			stee	īrus		Φ	en						
				69			ate						
							ed						
(1) Ma	ark Humphrey	1.00	Х		Х				0		0		0
Direct	or / Chairman		^		^				U		U		U
(2) Ry	van Stowers	1.00			ĺ	T					一		
	or and Secretary		Х		Х				0		0		0
. ,	bert L Testwuide	1.00	X		1				0		n		0
Direct			^		1						J		U
		1 00		i –	t	<del>                                     </del>	<del>                                     </del>	t	<del> </del>		$\overline{}$		

(4) Preston Marshall Director	1.00	x	Ī		0	0	0
(5) Todd Zywicki Director	1.00	Х			0	0	0
(6) Robert Heaton Freasurer (out-going)	1.00		х		0	0	0
(7) Susan Motiff Treasurer (in-coming)	1.00		х		0	0	0
(8) David Bobb President	45.00		х		242,354	0	23,240
(9) Adam Cushing Chief Operating Officer	45.00		х		162,573	0	19,934
(10) Lucy Morgan VP, HR & Operations	45.00			Х	124,852	0	8,507
							Form <b>990</b> (201

———— Page 8 —

Page **8** 

Form 990 (2018)

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

<b>(A)</b> Name and Title	(B) Average hours per week (list any hours for		ne bo	ox, u n off	t che Inles ficer	s pers	son	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2,1033 (1130)	2, 1033 11100)	organization and related organizations
										_
	i		1	i		i	1			

	I		1 1	ı						Ī				
											-			
												_		
												+		
l h Ck	)-Total					_						_		
	al from continuation sheets to Pa	rt VII <b>, S</b>	ection A			-								
d Tot	al (add lines 1b and 1c)				•	►			529,779			0		51,68
	otal number of individuals (including f reportable compensation from the o			listed	d abov	e) who	rec	eived	more than	\$100,000	)			
_													Yes	No
	id the organization list any <b>former</b> o ne 1a? <i>If "Yes," complete Schedule J</i>			e, key	empl •	oyee,	or hi •	ghest •	compensa	ted emplo	yee on	3		No
	or any individual listed on line 1a, is t			mper	nsatio	n and d	other	comp	ensation f	rom the		-		INO
OI	rganization and related organizations	greate	r than \$150,000?	? <i>If</i> "Y	es," c	omplet	te So	hedul	e J for suci	h				
				•		•		•		· • •		4	Yes	
	id any person listed on line 1a receivervices rendered to the organization?		•		,			_		individual • •	for • •	5		No
	ion B. Independent Contracto		,			•						5		NO
С	omplete this table for your five highe	st comp										mpens	ation	
fr	om the organization. Report compen-	sation f	or the calendar y	ear e	ending	with o	r wit	hin th	e organiza T	tion's tax	•	$\overline{}$	(C	`
<u> </u>			ess address							escription			Comper	sation
	t Of LLC								Consultir	ng				334,412
	son Blvd 5th Floor , VA 22201											$\Box$		
antech	LLC								Consultir	ng				127,673
	tz Road 48442													
ed Edge									Website Services	Maintenan	ce & Media			114,010
	rendon Blvd 901 , VA 22201								00.7.000					
9.0	, , , , ,											二		
Tota	al number of independent contractors	(includ	lina but not limit	ed to	those	listed	abov	/e) wh	o received	I more tha	an \$100.0	00 of		
	pensation from the organization > 3	, (merae	g suc noc	cu to		noceu	abo	, c, 1111	0 10001700	. more en	π φ100/0			
													Form <b>99</b>	<b>0</b> (2018
				– Pa	age 9									
	20 (2010)													_
Part \	O0 (2018)  Statement of Revenue													Page !
i ait v	Check if Schedule O contains	a respo	nse or note to ar	ny line	e in th	is Part	VIII							
				Т	(A	<b>\)</b> evenue		Pο	(B) lated or	11	(C) nrelated		( <b>D</b> ) Reven	
				'	otarre	venue		е	xempt	b	usiness		excluded	from
									inction evenue	r	evenue	ta	x under s 512 -	
v R	<b>1a</b> Federated campaigns	1a												
E E	<b>b</b> Membership dues	1b		_										
unounts	<b>c</b> Fundraising events	1c		_										
ons, conts, colonts Similar Amounts	<b>d</b> Related organizations	1d		_										
<u>,≅</u>	e Government grants (contributions)	1e		_										
	All other contributions, gifts, grants, and similar amounts not included above	1f	4,744,994	<u>1</u>										
d Other	<b>g</b> Noncash contributions included in lines 1a - 1f:\$													
5 2	h Total Add lines 12-1f		-											

ပြော	II IVIAI. AUU IIIIES 10	1-11		4,744,994		
Ф			Business Co	de		
2	2a					
e ve	-					
02	b ———					
ŅĊ	с —					
er	d					
E S	e ———					
Jr.	<b>f</b> All other program se	ervice revenue.				
Program Service Revenue	<b>9 Total.</b> Add lines 2a-2	2f	<b>•</b>			
	<b>3</b> Investment income ( similar amounts) .	including dividends, i	nterest, and other	2,372		2,372
	<b>4</b> Income from investm		ond proceeds			
	<b>5</b> Royalties		<u> </u>			
		(i) Real	(ii) Personal			
	<b>6a</b> Gross rents	(i) iteai	(ii) i ci soriui			
	ou cross rents					
	<b>b</b> Less: rental expenses					
	c Rental income or (loss)					
	<b>d</b> Net rental income of	or (loss)				
	- Net rental medile (	(i) Securities	(ii) Other			
	<b>7a</b> Gross amount	(i) Securities	(II) Other			
	from sales of					
	assets other than inventory					
	<b>b</b> Less: cost or other basis and					
	sales expenses					
	C Gain or (loss)					
	<b>d</b> Net gain or (loss)		<b>•</b>			
	<b>8a</b> Gross income from to (not including \$	fundraising events of				
nue	contributions report					
en.	See Part IV, line 18	a	'			
še,	<b>b</b> Less: direct expense					
7	c Net income or (loss)		ents			
Other Reve	<b>9a</b> Gross income from					
Ö	See Part IV, line 19					
		a				
	<b>b</b> Less: direct expense	es <b>b</b>				
	<b>c</b> Net income or (loss)	) from gaming activiti	ies			
	<b>10a</b> Gross sales of inven					
	returns and allowan					
		а				
	<b>b</b> Less: cost of goods	sold b				
	c Net income or (loss)		ory . •			
	Miscellaneous	s Revenue	Business Code			
	11a					
	b		-			
	С					
	<b>d</b> All other revenue					
	e Total. Add lines 11a	a-11d	<b>•</b>			
	I		I	ļ		I

12 Total revenue. See Instructions	4,747,	366	0	0 2,372
				Form <b>990</b> (2018)
	— Page 10 ———			
orm 990 (2018)				Page <b>10</b>
Part IX Statement of Functional Expenses ection 501(c)(3) and 501(c)(4) organizations must complete all c	olumns. All other orga	anizations must com	plete column (A).	
Check if Schedule O contains a response or note to any	/ line in this Part IX .			
o not include amounts reported on lines 6b, b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	114,541	114,541		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members				

448,101

1,158,041

21,467

73,270

103,812

1,420

19,515

175,686

1,031,764

463,082

268,958

317,993

119,158

397,643

119,881

17,658

73,113

14,037

5 Compensation of current officers, directors, trustees, and

6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described

**8** Pension plan accruals and contributions (include section

e Professional fundraising services. See Part IV, line 17

(A) amount, list line 11g expenses on Schedule O)

18 Payments of travel or entertainment expenses for any

24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e

federal, state, or local public officials

**19** Conferences, conventions, and meetings

**22** Depreciation, depletion, and amortization

g Other (If line 11g amount exceeds 10% of line 25, column

in section 4958(c)(3)(B) . . .

401(k) and 403(b) employer contributions)

key employees .

7 Other salaries and wages

**10** Payroll taxes .

a Management .

**b** Legal .

**c** Accounting **d** Lobbying .

**9** Other employee benefits . .

11 Fees for services (non-employees):

f Investment management fees .

**12** Advertising and promotion .

**13** Office expenses .

**15** Royalties

**16** Occupancy

**23** Insurance

a List rental

**14** Information technology

20 Interest . . . . .21 Payments to affiliates . . .

expenses on Schedule O.)

**b** State registration fees

143,672

586,311

9,757

28,556

47,182

954,363

311,332

196,250

144,526

98,453

390,648

54,485

40,966

32

502

222,718

524,406

9,986

38,317

48,290

1,420

19,515

76,520

114,157

72,708

147,920

6,874

4,601

55,765

17,156

14,005

81,711

47,324

1,724

6,397

8,340

175,686

881

37,593

25,547

13,831

2,394

9,631

32,147

_	Pron	Property taxes		1,362					
_	. Froperty taxes			1,302				1,362	
d									
e	All o	ther expenses							
<u>T</u>	otal	<b>functional expenses.</b> Add lines 1 through 24e	4,940,502	3,121,576		1,37	5,720	443,206	
<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).							F	Form <b>990</b> (2018)	
				— Page 11 ————					
m 9	990 (	(2018)							Page <b>11</b>
Part		Balance Sheet							rage 11
		Check if Schedule O contains a response or note	e to an	/ line in this Part IX					$\square$
			0 00 0	,	(A)				(B)
					Beginning of y	ear ear		E	nd of year
	1	Cash-non-interest-bearing				2,497,371	1		1,558,683
	2	Savings and temporary cash investments					2		
	3	Pledges and grants receivable, net					3		
	4	Accounts receivable, net				1,026	4		820,000
	5	Loans and other receivables from current and fo trustees, key employees, and highest compensa Part II of Schedule L					5		
	6	Loans and other receivables from other disqualif section 4958(f)(1)), persons described in section contributing employers and sponsoring organizations (2) of the contribution of the cont	n 4958( itions o	(c)(3)(B), and f section 501(c)(9)			6		
3	7	Part II of Schedule L					7		_
3	8	Inventories for sale or use		_			8		
Ć	9	Prepaid expenses and deferred charges				158,181	9		94,318
1		Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	889,107					
	b	Less: accumulated depreciation	10b	514,976		497,761	<b>10</b> c		374,131
1	11	Investments—publicly traded securities .					11		
1	12	Investments—other securities. See Part IV, line			12				
1	13	Investments—program-related. See Part IV, line			13				
1	14	Intangible assets			14				
1	15	Other assets. See Part IV, line 11				15			
1	16	<b>Total assets.</b> Add lines 1 through 15 (must equa	3	,154,339	16		2,847,132		
1	L7	Accounts payable and accrued expenses		,		414,692	17		385,290
1	18	Grants payable					18		
		Deferred revenue	_			279,686	19		28,114
		Tax-exempt bond liabilities				•	20		
_	21	Escrow or custodial account liability. Complete P	ert IV o	f Schedule D			21		
ő	22	Loans and other payables to current and former key employees, highest compensated employees	officers	s, directors, trustees,					
8		persons. Complete Part II of Schedule L					22		
J 2	23	Secured mortgages and notes payable to unrela-			23				
2	24	Unsecured notes and loans payable to unrelated			24				
2		Other liabilities (including federal income tax, pa and other liabilities not included on lines 17 - 24 Complete Part X of Schedule D		to related third parties,		63,432	25		230,335
2	26	<b>Total liabilities.</b> Add lines 17 through 25				757,810	26		643,739
2		Organizations that follow SFAS 117 (ASC 9	58), ch	eck here 🕨 💟 and					
2		complete lines 27 through 29, and lines 33 Unrestricted net assets			1	,978,830	27		2,075,586

Ba	28 Temporarily restricted net assets	417,699	28			127,807
	29 Permanently restricted net assets		29			
Fund	Organizations that do not follow SFAS 117 (ASC 958),					
5	check here ▶ □ and complete lines 30 through 34.					
2	<b>30</b> Capital stock or trust principal, or current funds		30			
9	31 Paid-in or capital surplus, or land, building or equipment fund		31			
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds	0.000.500	32			
=	<b>33</b> Total net assets or fund balances	2,396,529	33			2,203,393
1000	34 Total liabilities and net assets/fund balances	3,154,339	34			2,847,132
				F	orm <b>99</b>	<b>0</b> (2018)
	0 40					
	Page 12					
orm	990 (2018)					Page <b>12</b>
Pai	Reconcilliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI .					
1	Total revenue (must equal Part VIII, column (A), line 12)		1		4	,747,366
2	Total expenses (must equal Part IX, column (A), line 25)		2			
3	Revenue less expenses. Subtract line 2 from line 1		3			-193,136
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (	A))	4			,396,529
5	Net unrealized gains (losses) on investments		5			<u> </u>
6	Donated services and use of facilities		6			
7	Investment expenses		7			
8	Prior period adjustments		8			
9	Other changes in net assets or fund balances (explain in Schedule O)		9			0
10						,203,393
	rt XII Financial Statements and Reporting	It X, line 33, coluinii (B))	10			,203,393
Га	Check if Schedule O contains a response or note to any line in this Part XII.					<b>~</b>
	check if Schedule o contains a response of note to any line in this rare XIII.			<del></del>		
	A 11 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0.1			Yes	No
1	Accounting method used to prepare the Form 990:   Cash  Accrual   If the organization changed its method of accounting from a prior year or checked "Ot	Other				
	Schedule O.	ner, explain in				
2a	Were the organization's financial statements compiled or reviewed by an independent	accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year we	ere compiled or reviewed	on a			
	separate basis, consolidated basis, or both:	·				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and se	eparate basis				
				_		
b	Were the organization's financial statements audited by an independent accountant?		h:-	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year we consolidated basis, or both:	ere audited on a separate	basis,			
	✓ Separate basis   ☐ Consolidated basis ☐ Both consolidated and so	enarate hasis				
	_ Sopurate Sasio _ Consolidated Sasio _ Doth Consolidated and St	0,000 0000			ļ	
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes respo	nsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an inde	•	م ماریام ۲	2c	Yes	<u> </u>
	If the organization changed either its oversight process or selection process during the	e tax year, expiain in Sch	edule C	' <b>.</b>		
3a	As a result of a federal award, was the organization required to undergo an audit or at	udits as set forth in the Si	ngle			
	Audit Act and OMB Circular A-133?		-	За		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization		ired			
	audit or audits, explain why in Schedule O and describe any steps taken to undergo su	acii audits.		3b	orm 00	<b>0</b> (2010)
				F	UIIII <b>99</b>	<b>0</b> (2018)
orm	990 (2018)					
Ad	lditional Data			Retur	n to For	m

Software ID:

Software Version:

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Form 990, Special Condition Description:

Special Condition Description

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